

**Team Evaluation Summary Report and Prior Notice of Eligibility Determination:  
Other Health Impairment**

Student \_\_\_\_\_ Date of meeting \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

**Definition:** Limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia, that adversely affects a student’s educational performance.

☐ **Medical history from qualified health professional is attached.**

**Assessment Information for Classification:**

- 1. Academic Achievement Data (test/date/results)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - 2. Adaptive Assessment (test or method/date/results) \_\_\_\_\_  
\_\_\_\_\_
  - 3. Behavioral Functioning \_\_\_\_\_  
\_\_\_\_\_
  - 4. Physical Functioning \_\_\_\_\_  
\_\_\_\_\_
  - 5. Information from Parents  
\_\_\_\_\_
- Is a lack of instruction in reading or math the primary factor in determining eligibility? ☐ Yes ☐ No
  - Is limited English proficiency the primary factor in determining eligibility? ☐ Yes ☐ No

**Parent Prior Notice for Eligibility Determination**

The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student’s school.

Based on the evaluation data, the multidisciplinary team proposes the following action:

☐ This student has the educational classification of Other Health Impaired, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires specialized instruction.

☐ This student does **not** have the educational classification of Other Health Impaired, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require specialized instruction.

<p>_____ Special Education Teacher Signature                      Date</p>	<p>_____ Parent Signature (signature acknowledges receipt of copy)                      Date</p>
<p>_____ Signature    Date</p>	<p>_____ Signature    Date</p>

\*Note: If parent signature is missing, check below:

☐ Did not attend (document efforts to involve parent)

☐ Participated via telephone, video conference or other means

☐ Copy of this document mailed to parent on (date) \_\_\_\_\_